



**AN EQUAL OPPORTUNITY EMPLOYER**

**PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND:** (a) what attachments must be submitted; (b) where to submit your application; (c) the required special qualifications or licenses; and (d) the closing date for receipt of applications (see <http://discoveringmontana.com/statejobs/statejobs.asp>). An application tailored to the position is to your advantage.

**1. Name**

Last	First	Middle
------	-------	--------

**Mailing Address**

Street or PO Box		
City	State	Zip Code

**Telephone Number**    (   )    (   )    (   )

Work	Home	Cell
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**Email address**

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2. What position are you applying for? (See Job Vacancy Announcement)

Department \_\_\_\_\_

Division \_\_\_\_\_ Job Location \_\_\_\_\_

Position Title \_\_\_\_\_ Position Number \_\_\_\_\_

Will you accept: ☐ Full-time ☐ Part-time ☐ Temporary Dates Available for Temporary \_\_\_\_\_ to \_\_\_\_\_

3. The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment with the State of Montana or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? ☐ Yes ☐ No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me to the State of Montana or its agents and employees. I release all persons or companies from any liability or responsibility for providing such information.

**SIGNATURE** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_

**4. EDUCATION - High School Name:**

High School Address:

Received Diploma or Equivalency Certificate? ☐ Yes ☐ No If "No," enter highest grade completed \_\_\_\_\_.

[illegible][illegible]

**5. List current Professional Licenses, Registration, or Certifications (engineering, medical, CPA, etc.)**

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

6. List special skills such as word processing, operating a forklift, dump truck or computer programming. Include a list of equipment that you know how to use. May list skills from volunteer work like Habitat for Humanity or from professional organizations like Toastmasters.

[illegible]

**7. EXPERIENCE:** List your work and/or volunteer experience with emphasis on experience that is relevant to the position you are applying for. **Begin with your present or most recent experience.** Include military service that would help you qualify. **List each promotion as a separate position.** Use Additional Employment Experience forms (PD- 30) as necessary. **This information must be completed even if you submit a resume.**

Name & Complete Address of Employer					
Your Job Title		Dates Employed      /      to      /			
Type of Business		Month      Year      Month      Year			
Immediate Supervisor(s)		Avg. Hrs. Per Week		Time Employed      /	
Phone No.				Years      Months	
		<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time	
				<input type="checkbox"/> Volunteer	

**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

Name & Complete Address of Employer			
Your Job Title		Dates Employed      /      to      /	
Type of Business		Month      Year      Month      Year	
Immediate Supervisor(s)		Avg. Hrs. Per Week      Time Employed      /	
Phone No.		Years      Months	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	

**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

**7. EXPERIENCE Continued....**

Name & Complete  
Address of Employer

Your Job Title

Dates Employed

/

to

/

Month

Year

Month

Year

Type of Business

Avg. Hrs. Per Week

Time Employed

/

Years

Immediate Supervisor(s)

Phone No.

Months

☐ Full-time

☐ Part-time

☐ Volunteer

**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

Name & Complete  
Address of Employer

Your Job Title

Dates Employed

/

to

/

Month

Year

Month

Year

Type of Business

Avg. Hrs. Per Week

Time Employed

/

Years

Immediate Supervisor(s)

Phone No.

Months

☐ Full-time

☐ Part-time

☐ Volunteer

**Describe your duties in detail** (knowledge, skills, behaviors required, employees supervised, accomplishments)

Reason for Leaving:

**8.** If requested by a State agency, would you like a copy of your state employment application made available for other similar state positions? ☐ YES ☐ NO **There is no guarantee that this information will be made available.**

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**APPLICANT SURVEY**

Title VII of the U.S. Civil Rights Act requires the State of Montana to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices in state government.

Because this sheet is separated from your application, please give us your name, address and phone number again. State of Montana has a Human Resource System that automates recruitment information. To prevent duplicate records, please answer the following questions. Thank you for your cooperation.

**Have you applied for a State government job before?** ☐ Yes ☐ No

**Are you a current or past State government employee?** ☐ Yes ☐ No

9. Name \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone No. \_\_\_\_\_ Other Phone Numbers (such as business, cellular) – Indicate **type** of phone.

Type \_\_\_\_\_ Phone No. \_\_\_\_\_ Type \_\_\_\_\_ Phone No. \_\_\_\_\_

**Job Applied For:** Department \_\_\_\_\_ Job Title \_\_\_\_\_  
Position No. \_\_\_\_\_ Closing Date \_\_\_\_\_ Location \_\_\_\_\_

**10. HIGHEST EDUCATION LEVEL** - Please check the **one** box that best describes your highest education level.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Less than High School              | <input type="checkbox"/> Some College              | <input type="checkbox"/> Some Graduate         | <input type="checkbox"/> Post-Doctorate |
| <input type="checkbox"/> High School Graduate or Equivalent | <input type="checkbox"/> 2 years of College Degree | <input type="checkbox"/> Master's Level Degree |   |
| <input type="checkbox"/> Technical School                   | <input type="checkbox"/> Bachelor's Level Degree   | <input type="checkbox"/> Doctorate             |   |

**11. REFERRAL SOURCE - How did you FIRST learn of this position?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Newspaper Ad        | Agency Contact (specify below)                     | <input type="checkbox"/> Job Service Posting                     |
| <input type="checkbox"/> Internet Listing    | <input type="checkbox"/> Phone Inquiry             | <input type="checkbox"/> T.E.R.O. Referral                       |
| <input type="checkbox"/> Career/Job Fair     | <input type="checkbox"/> Written Inquiry           | <input type="checkbox"/> Another Referral Organization Posting   |
| <input type="checkbox"/> College Recruitment | <input type="checkbox"/> Posted in Agency building | <input type="checkbox"/> State Employee or Former State Employee |

Referral

- |                                     |                                  |                                      |
|-------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Open House | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Other _____ |
|-------------------------------------|----------------------------------|--------------------------------------|

**12. ☐ AGE 18 OR OLDER** – Please leave blank if under the age of 18.

**13. ☐ FEMALE ☐ MALE**

**14. SOCIAL SECURITY NO.** \_\_\_\_\_ This is voluntary and asked for in order to keep your records separate from others who may have the same name.

**15. ETHNIC GROUP** - Please check the **one** box that best describes your ethnicity.

- ☐ **AMERICAN INDIAN or ALASKAN NATIVE**  
☐ **ASIAN or PACIFIC ISLANDER**  
☐ **BLACK** (Not of Hispanic origin)  
☐ **SPANISH** (Hispanic)  
☐ **WHITE** (Not of Hispanic origin)

**16. MILITARY STATUS** – Please check the one box that best describes your military status.

- ☐ No Military Service ☐ Active Reserve ☐ Inactive Reserve ☐ Retired ☐ Vietnam Veteran ☐ Other Veteran

**17. ☐ DISABLED VETERAN**

# STATE OF MONTANA EMPLOYMENT AND BENEFIT INFORMATION

**EQUAL EMPLOYMENT OPPORTUNITY** - It is the policy of the State of Montana that state government is an equal employment opportunity employer; does not discriminate in employment based upon **race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, sexual orientation or political beliefs**; and implements and maintains an effective equal employment opportunity program.

**APPLICATION AND SELECTION PROCESS** – The process used to evaluate an applicant's qualifications may include an evaluation of the State of Montana Employment Application and supplemental responses if required, a performance test or work sample, a structured interview and reference or background checks. Applicants will be notified when screening has been completed.

**BENEFITS** - State employees working at least half-time are also provided paid health, dental, vision, and life insurance. Other benefits for eligible state employees include a credit union, a deferred compensation program, public employees retirement program, 15 working days annual leave per year, 12 days sick leave per year, paid holidays, and up to 15 days military leave with full pay. Earned leave benefits may be used for maternity and parental (birth or adoption) leave and for immediate family illness care.

**REASONABLE ACCOMMODATIONS** - Under state and federal law, qualified applicants with disabilities are entitled to reasonable accommodations. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed. If an accommodation is needed to participate in any selection process, make arrangements well in advance of the process. A description of the selection process and the essential job duties is included in the vacancy announcement. TTY users may call the department TTY number if available or use the relay service by dialing 711.

**EMPLOYMENT PREFERENCE** - The **Veteran's Public Employment Preference Act** and the **Persons with Disabilities Public Employment Preference Act** provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an **Employment Preference Form, PD-25A**, available through your local Montana Job Service Workforce Center or the [State of Montana Employment Information Website](#). You must also provide the appropriate documentation of eligibility with the application. The required documentation may include a DD-214; a document issued by the Office of the Adjutant General of the Montana National Guard certifying service; or a PHHS Certifications of Disability form. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service Workforce Center.

**IMMIGRATION REFORM AND CONTROL ACT**- In accordance with the Immigration Reform and Control Act, the person selected must produce **within three days of hire**, documentation that he or she is authorized to work in the United States. Examples of such documentation include a birth certificate or social security card along with a driver's license or other picture I.D., a United States Passport, Certificate of Naturalization, a Permanent Resident Card, an Alien Registration Receipt Card (Green Card) or a Resident Alien Card.

**MONTANA COMPLIANCE WITH MILITARY SELECTIVE SERVICE ACT** - In accordance with the Montana Compliance with Military Selective Service Act, men selected for state government employment must produce documentation showing compliance with the federal Military Selective Service Act. Examples of this documentation include a registration card issued by Selective Service, a letter from Selective Service showing a man was not required to register, or information showing by a preponderance of evidence that a man's failure to register with Selective Service was not done knowingly or willfully.